

### SUMMARY

A bill to require state departments and agencies with an interest in safeguarding the health of Michigan residents and taxpayers to plan, assess, review, and prioritize efforts to contain the reach, scope, and costs of the epidemic of diabetes and its complications

### DIABETES BACKGROUND & THE FUTURE - NATIONAL

- In 2010, an estimated 32,300,000 people were living with diagnosed or undiagnosed diabetes in the United States.
- More than half of Americans will have diabetes or pre-diabetes by 2020 at a cost of \$3.35 trillion if current trends go unabated.
- If current trends continue, 53,100,000 people will have diabetes by 2025, a 64% increase from 2010.
- The resulting medical and societal costs of diabetes will increase to \$514.4 billion, a 72% increase from 2010.

### DIABETES BACKGROUND & THE FUTURE - MICHIGAN

- In 2010, there were 1,156,300 people in Michigan living with diagnosed or undiagnosed diabetes, accounting for 11.20% of the population.
  - *Without action in the near term diabetes runs a very real risk of threatening the solvency of Michigan's public and private health care infrastructure with some estimates suggesting the prevalence of the disease quadrupling over the next 30 years.*
- Diabetes consumed over \$10.6 billion in health care services in Michigan in 2010, with \$7.5 billion in direct medical costs and \$3.1 billion in nonmedical costs including absenteeism.
- Diabetes in Michigan is the leading cause of heart attacks and strokes with two out three adults with diabetes dying from these complications of the disease.
- Compared to non-Hispanic white adults, both African Americans and Native Americans have twice the rate of diagnosed diabetes in Michigan.
- Approximately 1 in 10 pregnant women in the state have gestational or pre-existing diabetes.
- In Michigan, 1,639,900 people will have diagnosed or undiagnosed diabetes by 2015. and an additional 2,728,800 people will have pre-diabetes in the state;
- Michigan will spend over \$15.8 billion in annual costs for diabetes in 2025, including \$11.1 billion for direct medical costs alone.

### THE MICHIGAN RESPONSE

- Michigan currently lacks a coordinated response of any form to the diabetes crisis.

- Tools to assess or review the impact of diabetes on state coffers are lacking even though the disease has grown by significant and substantial amounts over the past two decades.
- When it comes to public health spending millions of dollars are provided every year by the Centers for Disease Control and Prevention to primarily “prevent” diabetes with the state providing an undetermined sum to further the program.
- Programs paying for diabetes care appear to have no visible plans or programs to battle diabetes and its complications.

## **PROPOSED LEGISLATION**

Given the reach and scope of the diabetes epidemic it makes sense to take an inventory of what Michigan is doing to battle the disease and its complications like heart attacks, strokes, kidney failure, amputations and blindness. Furthermore, it also makes sense while conducting this survey to require those charged with safeguarding the health of Michigan taxpayers to develop plans and budgets to battle the epidemic.

As a means to achieve these goals the core components of the legislation should consist of the following elements.

1. Require state agencies and related entities that devote resources to battling diabetes to conduct biennial assessments of the impact diabetes is having on state programs. This assessment should be made public to the legislature and others on January 1 after the year of enactment while also identifying the number of lives with diabetes covered by the program, the number of lives with diabetes and family members impacted by prevention and control programs implemented by the entity, the financial toll or impact diabetes places on the program, and the financial toll or impact diabetes places on the program in comparison to other chronic diseases and conditions.
2. Require agencies and entities that devote resources to battling diabetes to conduct detailed biennial assessments of the benefits of implemented programs and activities. This assessment should also document the amount and source for any funding directed to the agency or entity for programs and activities aimed at reaching those with diabetes. This report should be made available to the legislature and public on January 1 after the year of enactment.
3. Require state agencies and entities that are charged with battling diabetes to develop and revise biennially detailed action plans for battling the disease. These plans should identify proposed action steps to reduce the impact of diabetes, pre-diabetes and related complications. The plans should be made available to the legislature and public on January 1 after the year of enactment.
4. Require state agencies and entities that are charged with battling diabetes to develop a detailed budget blueprint identifying needs, costs and resources required to implement their biennial diabetes action plans. Like other components of the legislation, the budget blueprints should be made available to the legislature and public on January 1 after the year of enactment..

**OTHER STATES**

Kentucky and Texas - have already passed similar legislation. *(Included – Tab D)*  
Oregon, Florida, North Carolina and New York - currently have this legislation under review

**Texas SB 796** – An act relating to reporting on and assessing programs for the prevention and treatment of diabetes in the state. Description similar to Kentucky bill.

March 17<sup>th</sup>      Passed Senate

April 30<sup>th</sup>      Legislative Budget Board Fiscal Note states No significant fiscal  
implication to      the State is anticipated. *(Included – Tab D)*

May 23<sup>rd</sup>      Passed House

June 17<sup>th</sup>      Signed by the Governor

**Kentucky SB 63** – *An act relating to diabetes. Create new sections of KRS Chapter 211 to require the Department for Medicaid Services, the Department for Public Health, the Office of Health Policy, and the Personnel Cabinet to collaborate to identify goals and benchmarks to reduce the incidence of diabetes in Kentucky, improve diabetes care, and control complications associated with diabetes; require each to report on the impact of diabetes, programs and activities for controlling and preventing diabetes, action plans to address diabetes, and budget plans for programs addressing diabetes by January 10 of each odd-numbered year to the Legislative Research Commission.*

March 3<sup>rd</sup>      Passed House 96-0

March 4<sup>th</sup>      Passed Senate 37-0

March 16<sup>th</sup>      Signed by Governor

**COMMENTARY**

The absence of planning has created a deficit of action, ideas and prioritization when it comes to controlling the diabetes epidemic in Michigan. Furthermore, the lack of action has now fed the reach of the epidemic to crisis levels due to inaction on all fronts.

This legislation takes the first step by requiring planning and assessments related to diabetes activities undertaken by the state. Considering and passing such legislation will turn Michigan into a leader in the battle against diabetes and provide the public with an understanding of what the state is doing to combat the disease. Such plans and assessment tools will also greatly help legislators when prioritizing resources available to battle diabetes and its complications.